

ORIGINAL

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT

for the

Teresa Cipollone, et al

Plaintiff/Petitioner

Aramark Healthcare Support Services, et al

Defendant/Respondent

Civil Action No. 10-CV-0175 (RML)
(for Notice of Appeal)APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at: _____

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are: _____

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____ per
(specify pay period) _____.

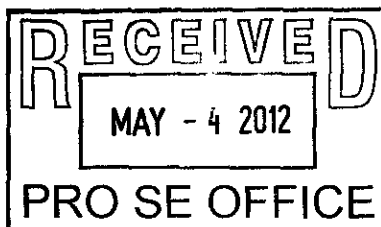
3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

W.C. - \$130/week (worker's comp)

S.S. - \$1,100/month



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4. Amount of money that I have in cash or in a checking or savings account: \$ 2,000.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

home 7391 Amboy Rd. \$550,000
 7395 Amboy Rd. \$350,000

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

groceries \$800/month	mortgage \$2,300/month	car \$300/month
lawn care \$250/month	mortgage \$1,800/month	insurance \$300/month
clothing \$200/month	cable \$300/month	travel \$150/month
medical \$300/month	gas \$200/month	cleaning \$300/month
	electricity \$200/month	tuition \$675/month - Peter
	water \$150/month	tuition \$6,000/year - Donna
	cellphone \$180/month	

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Peter Cipollone \$1,000/month son
 Donna Cipollone \$300/month daughter

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

credit cards \$500/month

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 5-4-12

Teresa Cipollone
 Applicant's signature

Teresa Cipollone
 Printed name